

**Construction Notice**

This contact list may not be complete. If you cannot find the contact you are looking for, please close this page and E-mail the web master. You may also contact Provider Relations at the number on this document.

August 2002

Eyeglass Providers Key Contacts**Hours are 8:00 a.m. to 5:00 p.m. (Mountain Time) Monday - Friday**

Topic	Contact	Information Available
Claims (Medicaid)	Claims Processing Unit P. O. Box 8000 Helena, MT 59604 Phone: (800) 624-3958 In state (406) 442-1837 Out of state and Helena	<ul style="list-style-type: none">• Send paper claims to this address.• Call for answers to claims questions.
Client Eligibility		<ul style="list-style-type: none">• See <i>Client Eligibility</i> in the <i>Key Contacts</i> listing.
PASSPORT Client HelpLine	PASSPORT to Health P.O. Box 254 Helena, MT 59624-0254 Phone: (800) 362-8312 In and out of state	<ul style="list-style-type: none">• Clients who have general Medicaid questions may call the Client HelpLine.
PASSPORT Provider HelpLine	PASSPORT to Health P.O. Box 254 Helena, MT 59624-0254 Phone: (800) 480-6823 In and out of state	<ul style="list-style-type: none">• For answers to any PASSPORT related questions.• To enroll as a PASSPORT provider.
Policy Questions	Michelle Gillespie Medicaid Services Bureau P.O. Box 202951 1400 Broadway Helena, MT 59620-2951 Phone: (406) 444-4540 In and out of state Fax: (406) 444-1861 In and out of state E-Mail: mgillespie@state.mt.us (406) 444-1861	<ul style="list-style-type: none">• See also <i>Policy Questions</i> in <i>Key Contacts</i> listing.
Prior Authorization	Provider Relations P.O. Box 4936 Helena, MT 59604 Phone: (406) 442-1837 Helena and out of state (800) 624-3958 In state	<ul style="list-style-type: none">• Prior authorization is required for dispensing and fitting of contact lenses.

Eyeglass Providers Key Contacts (continued)

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Topic	Contact	Information Available
Provider Enrollment	Provider Enrollment Unit P.O. Box 4936 Helena, MT 59604 Phone: (800) 624-3958 In state (406) 442-1837 Out of state and Helena	<ul style="list-style-type: none"> To enroll as a Montana Medicaid Provider.
Provider Relations	Provider Relations Unit P.O. Box 4936 Helena, MT 59604 Phone: (800) 624-3958 In state (406) 442-1837 Out of state and Helena	<ul style="list-style-type: none"> For questions about claims, EDI, eligibility, payments, denials, or to request billing instructions, manuals, or fee schedules, call or write. Billing instructions, manuals, forms, and fee schedules are also available on the Provider Information Web Site at www.dphhs.state.mt.us/hpsd/
Restricted Client Authorization	Surveillance/Utilization Review Section P.O. Box 202953 Helena, MT 59620 Phone: (406) 444-4167 In and out of state	<ul style="list-style-type: none"> For authorization for emergency services provided for restricted clients, contact the Surveillance/Utilization Review Section (SURS). All other services must be authorized by the client's designated provider. See <i>Authorization, Prior and Restricted</i> in the <i>Key Contacts</i> listing for other authorization information.
Third Party Liability	Third Party Liability Unit P. O. Box 5838 Helena, MT 59604 Phone: (800) 624-3958 In state (406) 442-1837 Out of state and Helena	<ul style="list-style-type: none"> For answers to questions about private insurance, Medicare or other third-party liability.